Better patient care and better practice management

- Using Electronic Health Records in a meaningful way can help providers offer higher quality, safer care, and create tangible improvements to their practices, allowing them to:
  - **Make better clinical decisions** with more comprehensive information readily and securely available
  - **Provide more coordinated care** across multiple provider settings
  - **Increase efficiency** through enhanced practice management and communication
- Providers can face significant challenges in implementing an EHR system, including administrative, financial, operational, technical, and infrastructure
- An unprecedented window of opportunity exists to address these challenges right now to implement and meaningfully use certified* EHRs
- Help is available now: HealthPOINT, South Dakota’s Regional Extension Center is a trusted advisor, offering national insight, local support and scalable solutions throughout the entire EHR process
  - Trusted and non-biased advisor to help in EHR selection
  - Expertise in workflow design and practice change management
  - Project management support
  - Meaningful use technical assistance support

What is Meaningful Use of EHRs?

MEANINGFUL USE occurs when eligible practitioners use a certified EHR in a meaningful manner, and also use that technology for the electronic exchange of health information and to submit clinical quality and other measures to improve health care quality.

To achieve this complex goal, the criteria for meaningful use will be staged in three steps over the course of the next five years. Stage 1 sets the baseline for electronic data capture and information sharing. Stage 2 (est. 2013) and Stage 3 (est. 2015) will continue to expand on this baseline and be developed through future rule making.

The Stage 1 definition of meaningful use includes both a core set and a menu set of objectives that are specific for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs), in addition to reporting of clinical quality measures. This gives providers latitude to choose their own path to full EHR implementation and meaningful use. Objectives include basic entry of patient data such as vital signs, active medications, allergies, up-to-date problem lists of current and active diagnoses and smoking status.

| Eligible Professionals | • Must meet 15 core objectives that enable EHRs to support improved healthcare  
|                        | • Must meet five additional objectives from a menu of 10 to implement in 2011-2012  
|                        | • Must report six total Clinical Quality Measures  
|                        |  (3 core or alternate core, and 3 out of 38 from alternate set) |

| Eligible Hospitals and CAHs | • Must meet 14 core objectives  
|                            | • Must meet five additional objectives from a menu of 10 to implement in 2011-2012  
|                            | • Must report 15 Clinical Quality Measures |

1 Certification as defined by ONC- Authorized Testing and Certification Bodies (ONC- ATCBs).

To find more information on meaningful use, visit [www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp](http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp).
EHR incentive payments from Medicare and Medicaid

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) is making up to $27 billion in EHR incentive payments, or as much as $44,000 (through Medicare) or $63,750 (through Medicaid) per eligible professional. Additional information on the Medicare and Medicaid EHR Incentive Programs can be found at www.cms.gov/EHRIncentivePrograms/.

What's the difference between the Medicare and Medicaid EHR Incentive Programs for EPs?

**Medicare EHR Incentive Program for EPs**
- Must successfully demonstrate meaningful use in Year 1 and subsequent years
- Incentive amounts based on Fee-for-Service allowable charges
- Maximum incentives are $44,000 over 5 consecutive years
- Incentives decrease if EP starts participating after 2012
- Must begin by 2014 to receive incentive payments; payments end in 2016
- Fee schedule reductions begin in 2015 for EPs who do not demonstrate meaningful use
- Extra amount available for EPs practicing in predominantly Health Professional Shortages Areas (HPSAs)

**Medicaid EHR Incentive Program for EPs**
- Can choose the Adopt, Implement or Upgrade option in Year 1, but must successfully demonstrate meaningful use in subsequent years
- Incentives are same regardless of start year
- Maximum incentives are $63,750 over 6 years (do not have to be consecutive)
- The first year payment is $21,250; next 5 payments are $8,500
- Must begin by 2016 to receive incentive payments; payments end in 2021
- No fee schedule reductions
- No extra amount for EPs practicing in predominantly HPSAs
Who’s eligible?

THERE ARE DIFFERENT RULES AND REQUIREMENTS for Medicare and Medicaid EPs, eligible hospitals, and CAHs. For example, EPs may not be hospital-based, and those who do not see Medicare or Medicaid patients are not eligible for the program’s funds. Additional criteria apply.

Eligible Professionals

<table>
<thead>
<tr>
<th>Medicare Program</th>
<th>Medicaid Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors of medicine or osteopathy</td>
<td>Physicians</td>
</tr>
<tr>
<td>Doctors of dental surgery or dental medicine</td>
<td>Nurse practitioners</td>
</tr>
<tr>
<td>Doctors of podiatric medicine</td>
<td>Certified nurse-midwives</td>
</tr>
<tr>
<td>Doctors of optometry</td>
<td>Dentists</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>Physician assistants (PAs) in PA-led Federally Qualified Health Center (FQHC) or rural health clinic (RHC)</td>
</tr>
</tbody>
</table>

In addition, Medicaid EPs must meet one of three patient volume thresholds over any continuous 90-day period within the most recent calendar year:

- Minimum of 30% patient volume
- Pediatricians Only: have a minimum of 20% Medicaid patient volume
- Practicing predominantly (more than 50% of encounters over 6 months) in a FQHC or RHC only: have a minimum of 30% “needy individual”* patient volume

Eligible Hospitals

<table>
<thead>
<tr>
<th>Medicare Program</th>
<th>Medicaid Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Subsection (d) hospitals” that are paid under the hospital inpatient prospective payment system</td>
<td>Acute care hospitals (including CAHs) with at least 10% Medicaid patient volume</td>
</tr>
<tr>
<td>Critical Access Hospitals (CAHs)</td>
<td>Children’s hospitals (no Medicare volume requirements)</td>
</tr>
<tr>
<td>Medicare Advantage (MA) Hospitals</td>
<td></td>
</tr>
</tbody>
</table>

* Needy individuals are those whose care was covered by Medicaid, CHIP, sliding fee scale or was uncompensated care.

## Medicare and Medicaid EHR Incentive Programs

### Payment Timeline for EPs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare EHR Incentive Payments</td>
<td>18,000</td>
<td>12,000</td>
<td>8,000</td>
<td>4,000</td>
<td>2,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$44,000</td>
</tr>
<tr>
<td>Medicaid EHR Incentive Payments</td>
<td>21,250</td>
<td>8,500</td>
<td>8,500</td>
<td>8,500</td>
<td>8,500</td>
<td>8,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$63,750</td>
</tr>
</tbody>
</table>

THE FIGURE ABOVE gives a snapshot of the two incentive programs for EPs. The rows refer to the calendar payments made to providers each year when they continue to meet requirements for meaningful use, up to the maximum given for the incentive period.

- For the Medicare program, the incentive payments vary depending on what year the provider successfully demonstrates meaningful use. For example, an EP who first demonstrates meaningful use in 2013 and in each subsequent year is eligible for up to $39,000 in Medicare incentives, while an EP who first demonstrates in 2011 is eligible for the maximum amount of $44,000. The last year to begin participation in the program is 2014.

- Medicaid payments do not vary depending on the year the EP first participates in the Medicaid EHR Incentive Program. The last year to begin the program is 2016.

- Pediatricians who participate in the Medicaid EHR Incentive Program at the 20-29% patient volume receive two-thirds of the full EHR incentive amount.

For additional information, see [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms).
EHR Adoption can present significant challenges

FOR PRIMARY CARE PROVIDERS, EHR adoption can seem like a daunting task, taxing an already overburdened practice. Below is a review of many of the top concerns providers have expressed about EHRs. While they are significant considerations, these challenges are not insurmountable.

<table>
<thead>
<tr>
<th>Financial</th>
<th>Technical</th>
<th>Organization Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uncertainty around return on investment (ROI)</td>
<td>• Concerns about technically supporting a system</td>
<td>• Disruption of workflow and productivity</td>
</tr>
<tr>
<td>• Provider and staff productivity</td>
<td>• Lack of necessary computer skills</td>
<td>• Privacy and security concerns</td>
</tr>
<tr>
<td>• Uncertainty about financial incentives</td>
<td>• Finding the right EHR to suit practice needs (“usability”)</td>
<td>• Maintaining patient centeredness and satisfaction</td>
</tr>
</tbody>
</table>

Leading barriers for EHR adoption cited by providers, whether they have no EHR or an existing EHR (partial or fully functioning)³
Dakota State University is home to HealthPOINT, South Dakota’s Regional Extension Center, the federally-designated health information technology resource and support center for all South Dakota healthcare providers. We are your local resource and an independent non-profit partner on the journey to Meaningful Use.

HealthPOINT believes in thinking differently. We believe that independent and rural providers should have HIT and EHR resources like larger healthcare systems. We believe that success is measured not by Implementation but by Adoption. We believe that Adoption comes with a focus on People and Process more than Technology. We care about you, your facility, your patients, and your outcomes.

Critical Access Hospitals & Independent Providers:
THE TIME IS NOW
Take Advantage of a Federally Funded Program and have HealthPOINT experts on the ground TODAY helping your Practice reach Meaningful Use.

HealthPOINT understands the demands placed on all providers to deliver comprehensive care to their patients in a rapidly changing environment. The challenges providers face are daunting.

HealthPOINT brings highly qualified health IT expertise to South Dakota to help providers adopt EHRs, achieve Meaningful Use, and realize their Medicare or Medicaid incentives.

www.healthpoint.dsue.edu
# Partner Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Student</th>
<th>Indirect</th>
<th>Non-Profit</th>
<th>For-Profit</th>
<th>HTF</th>
<th>Vendor</th>
<th>Priority Settings</th>
<th>Other</th>
<th>Sites</th>
<th>I/HY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Fee (per EHR User/entity)</td>
<td>$50</td>
<td>$175</td>
<td>$500</td>
<td>$1,000</td>
<td>$3,000</td>
<td>$300</td>
<td>$600</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Education
- HealthPOINT Webinars
- HealthPOINT Workshops
- HealthPOINT Online
- HealthPOINT Events - attendance
- HealthPOINT Events - display opportunities
- DSU Workforce Training - discounts
- DSU Workforce Training - vouchers
- Member Listing on HealthPOINT Online
- Supporting Organization Listing on HealthPOINT Online

## Outreach
- Consumer Education/Public Awareness
- SD Provider Education

## Assessment, Analysis & Planning
- HealthPOINT Readiness Assessment
- HealthPOINT Meaningful Use Gap Analysis
- HealthPOINT Meaningful Use Roadmap
- HealthPOINT Meaningful Use Dashboard
- HealthPOINT Meaningful Use Checkpoints

## Vendor Consultation
- Vendor Evaluation, Contracting, & Relationship Best Practices

## Financial Coordination
- Financial Coordination
- Group Purchasing

## Stakeholder Coordination
- South Dakota Medicaid
- Centers for Medicare and Medicaid (CMS)
- Department of Health and Human Services (HHS)
- Office of the National Coordinator (ONC)

## Direct Assistance Consulting Services
- Availability to services
- Discounted Rates
- Subsidized Rates

## Managed Services
- Availability to services
- Discounted Rates
- Subsidized Rates

- Included
- Included per Registered Site
- Included per Registered User
- Available